

COMMONWEALTH OF MASSACHUSETTS

Authorization for Electronic Funds Transfer Payments

I,	, hereby authorize the Commonwealth of Massachuset
through the State Treasurer	to deposit funds due into the account at the bank named below. The
	rized to debit my account only to adjust any overpayment which ha
been made to my account.	
	VENDOR BANK INFORMATION
Vendor Bank Name:	.h
Vendor Bank Transit Nu	nber:
Vendor Bank Account N	ımber:
Account Type:	(Savings or Checkin
	VENDOR INFORMATION
Vendor Tax Identificatio	Number (TIN)*:
Vendor/Business Name:	· · · ·
Vendor Contact Name:	
E-mail:	
Telephone:	
Address:	
City:	State: Zip:
	tification Number. This is the number you included on your W-9; either youl, or EIN if you filed as a business.
	n in effect until either canceled in writing or an updated form changing partment you currently do business with.
AUTHORIZED SIGNAT	URE:
Print Name:	
Title:	Date:
Form forwarded to Com	nonwealth Department: Department of Fish and Game

Einda K. Franklin
1027
Anystown, Us 1295

DATE

PAYTOTHE
ORDER OF

PHANCIAL MASTIFUTION
ANYSTOWN OR

PHANCIAL MASTIFUTION
ANYSTOWN OR

1:1211255501: 123 455 78* 1027

Attach Voided Check Here.